

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Warden Leon Farnsworth
Staton Corr. Fac.
P. O. Box 56
Elmore, AL
36025*

2. Article Number
(Transfer from service label)

7005 1820 0002 3461 4520

PS Form 3811, February 2004

| | | |
|---|------------------------------|------------------------------------|
| A. Signature | <i>X L. Farnsworth</i> | <input type="checkbox"/> Agent |
| | | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | <i>L. Farnsworth</i> | C. Date of Delivery |
| | | <i>5/25/06</i> |
| D. Is delivery address different from item 1? | <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> No | |
| If yes, enter delivery address below: | | |

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery

- Yes

Domestic Return Receipt

102595-02-M-1540